

**BEFORE THE DENTAL BOARD OF THE STATE OF IOWA**

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**IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST**

**JAMES R. MORGAN, D.D.S., RESPONDENT**

**HIAWATHA, IA**

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**STATEMENT OF CHARGES, SETTLEMENT AGREEMENT and FINAL ORDER**

**(combined)**

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**COMES NOW** the Iowa Dental Board (the Board), and James R. Morgan, D.D.S. (Respondent), on August 1, 2013, and pursuant to Iowa Code Sections 17A.10(2) and 272C.3(4), enter into the following combined Statement of Charges, Settlement Agreement and Final Order.

**NOTICE OF HEARING**

1. A hearing on this matter will not be held as the Board and Respondent have entered into the following combined Statement of Charges, Settlement Agreement and Final Order.
2. Respondent was issued license number 08116 to practice dentistry in the state of Iowa on July 2, 2001.
3. Respondent's Iowa dental license is current and will expire on August 31, 2014.

## **LEGAL AUTHORITY AND JURISDICTION**

4. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 153 and 272C.

## **STATEMENT OF CHARGES**

### **SECTIONS OF STATUTES AND RULES INVOLVED**

#### **COUNT I**

5. Respondent is charged for failure to report an adverse occurrence related to sedation in violation of 650 Iowa Administrative Code 29.9.

### **STATEMENT OF MATTERS ASSERTED**

6. Respondent is an oral and maxillofacial surgeon and currently holds an active deep sedation/general anesthesia permit.
7. Iowa law requires that a licensed dentist must submit a report within a period of seven (7) days to the Board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, anti-anxiety premedication, nitrous oxide inhalation analgesia, or sedation.
8. Respondent provided deep IV sedation to a patient for tooth extractions. Following Respondent's treatment the patient was admitted to the hospital due to an adverse reaction to the sedation provided by Respondent.
9. Respondent failed to report this adverse reaction to the Board within seven (7) days of its occurrence. Respondent also failed to report this adverse reaction on

his renewal application for his deep sedation/general anesthesia permit that he submitted to the Board office in 2012.

### **SETTLEMENT AGREEMENT**

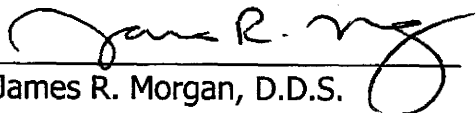
**THEREFORE, IT IS HEREBY ORDERED** that Respondent is hereby **CITED** for failure to report an adverse reaction to sedation and **WARNED** that future violations may result in further disciplinary action.

9. Respondent agrees to submit a civil penalty in the amount of five thousand dollars (\$5,000.00) to the Iowa Dental Board within sixty (60) days of the date of this Order made payable to Treasurer, State of Iowa, to be deposited in the general fund.


### **FINAL ORDER**

10. This combined Statement of Charges, Settlement Agreement and Final Order constitutes the resolution of a contested case proceeding.
11. By entering into this combined Statement of Charges, Settlement Agreement and Final Order, Respondent voluntarily waives any rights to a contested case hearing and waives any objections to the terms of this Settlement Agreement.
12. Respondent understands that by entering into this combined Statement of Charges, Settlement Agreement and Final Order, he cannot obtain a copy of the investigative file. Under Section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.

13. This combined Statement of Charges, Settlement Agreement and Final Order, is voluntarily submitted by Respondent to the Board for consideration.
14. Respondent acknowledges that he has the right to be represented by counsel in this matter.
15. Respondent understands that the Board will report this Order to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.
16. This combined Statement of Charges, Settlement Agreement and Final Order becomes public record available for inspection and copying upon execution of this agreement in accordance with the requirements of Iowa Code Chapters 17, 22 and 272C.
17. Respondent acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured him, in any way whatsoever, to execute this Order.
18. This combined Statement of Charges, Settlement Agreement and Final Order is subject to approval of the Board. If the Board fails to approve this combined Statement of Charges, Settlement Agreement and Final Order, it shall be of no force or effect to approval of either party.
19. The Board's approval of this combined Statement of Charges, Settlement Agreement and Final Order shall constitute a **Final Order** of the Board.

  
James R. Morgan, D.D.S.  
Respondent

This combined Statement of Charges, Settlement Agreement and Final Order is approved by the Board on August 1, 2013.

  
STEVEN P. BRADLEY, D.D.S.  
Chairperson  
Iowa Dental Board  
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